

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS           | ID NO. | DATE    |
|---------------------------|--------------------|--------|---------|
| FEE DETERMINATION         | <i>[Signature]</i> | 67614  | 8/15/00 |
| O.I.P.E. CLASSIFIER       |                    |        |         |
| FORMALITY REVIEW          | NH                 | 617    | 9-15-00 |
| RESPONSE FORMALITY REVIEW |                    |        |         |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 : ..... Restricted      O ..... Objected

| Claim                  | Date |
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| Claim                  | Date |
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| Claim                  | Date |
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| Final Original 5-17-00 |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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